UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/NIC/6
21 December 2001

ORIGINAL: ENGLISH

First regular session 2002
28 January to 8 February 2002, New York
Item 10 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Nicaragua

Proposed UNFPA assistance:	$18 million, $5.5 million from regular resources and 12.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Sixth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.3	9.7	11.0
Population and development strategies	3.2	1.1	4.3
Advocacy	0.5	1.7	2.2
Programme coordination and assistance	0.5	–	0.5
Total	5.5	12.5	18.0

NICARAGUA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	61	≥60
Contraceptive prevalence rate (%)[2/]	49	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	0.14	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	152.1	≤65
Infant mortality rate (per 1,000 live births)[5/]	43	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	150	≤100
Adult female literacy rate (%)[7/]	63	≥50
Secondary net enrolment ratio (%)[8/]	108	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development. 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	5,208	Annual population growth rate (%)	2.59
Population in year 2015 (000)	7,216	Total fertility rate (/woman)	3.82
Sex ratio (/100 females)	99	Life expectancy at birth (years)	
Age distribution (%)		Males	67.2
Ages 0-14	42.6	Females	71.9
Youth (15-24)	21.4	Both sexes	69.1
Ages 60+	4.6	GNP per capita (U.S. dollars, 1998)	370

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme covering the period 2002-2006 to assist the Government of Nicaragua in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $18 million, of which $5.5 million would be programmed from regular resources, with the remaining $12.5 million to be provided from co-financing and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. In 2001, the UNFPA office in Nicaragua mobilized funding in the amount of $8.5 million, designated for new programme activities in the areas of sexual and reproductive health and advocacy. This would be the Fund's sixth programme of assistance to Nicaragua, which is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was developed in consultation with the Government of Nicaragua, non-governmental organizations (NGOs), the academic community, United Nations agencies and bilateral donors. It takes into account the country's poverty reduction strategy approved in 2001, the plan of action of the national population policy (NPP), the midterm review of the previous programme, lessons learned from previous programmes, the 2000 Common Country Assessment and the United Nations Development Assistance Framework (UNDAF). The proposed programme has been harmonized with the cycles of other United Nations agencies.

3. The goal of the proposed programme is to help improve the quality of life of all Nicaraguans through poverty reduction and the promotion of sustainable human development by supporting the full exercise of sexual and reproductive rights and by improving the effectiveness of national and local public policies relating to reproductive health, population dynamics and distribution. To this end, the proposed programme would help to create an enabling environment for social oversight, political support, and mobilization of additional financial resources.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Nicaragua's annual population growth rate decreased from 3.2 per cent in 1995 to 2.7 per cent in 2000, but it is still one of the highest in Latin America. The estimated population in 2000 was approximately 5.1 million, with 25.3 per cent of the population between the ages of 10 and 19. Total fertility decreased from 4.6 children per woman in 1993 to 3.9 in 1998. Fertility among girls aged 15 to 19 dropped from 158 births per 1,000 women in 1993 to 138 per 1,000 in 1998. Yet, Nicaragua still has one of the region's highest teenage pregnancy rates. Some 46 per cent of females have been pregnant at least once by the age of 19. Maternal mortality, officially

estimated at 159 per 100,000 live births in 1992, decreased to 133 per 100,000 live births in 1998, but, again, the ratio is still one of the highest in the region.

6. According to the 1998 demographic and health survey (DHS), one out of every three women uses modern contraceptive methods. There remains considerable unmet demand for modern contraceptives. This and the extensive use of sterilization as a preferred contraceptive method pose important challenges for reproductive health interventions.

7. As of March 2001, 669 people in Nicaragua were reported to be HIV-positive and there were 310 registered cases of AIDS. Although the country has one of the lowest HIV/AIDS prevalence rates in Central America, there is felt to be significant underreporting, and the Ministry of Health recognizes that conditions are ripe for a rapid spread of the pandemic.

8. According to the DHS, 29 per cent of women in couples have suffered some form of physical or sexual violence. In 37 per cent of these cases, the women were pregnant at the time. Violence against women is more common in urban areas, among people with lower education levels, and among women with more children. Nicaragua has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) but not its facultative protocol. Nicaragua has also approved a national plan to prevent family and sexual violence as a national priority for gender interventions.

Previous UNFPA assistance

9. UNFPA began providing assistance to Nicaragua in the mid-1970s. The fifth country programme (1998-2001) was approved with a budget of $11.4 million, which included $8.4 million in regular resources and $3 million to be sought from co-financing and/or other resources.

10. In the area of reproductive health, UNFPA's most strategic achievement has been the formulation in May 2001 of a policy declaration for a National Sexual and Reproductive Health Programme (NSRHP). Other significant UNFPA contributions in this area include: (a) development of a national contraceptive logistics management system in the Ministry of Health, in coordination with the United States Agency for International Development (USAID), which has significantly improved logistics while increasing the supply of modern contraceptive methods; (b) increased availability of and access to gender-sensitive reproductive health services in poor areas and for specific groups like the army, police and assembly factories; (c) increased access to information and reproductive health services by adolescents using innovative approaches, including outreach, prevention and differentiated care; (d) support for multisectoral commissions working with adolescents and the creation of municipal teen centres; (e) and enhanced expertise in reproductive health at the national and local levels through graduate training and short courses.

11. In the area of population and development strategies, UNFPA has contributed to the design and preparation of Nicaragua's poverty reduction strategy, which now gives conceptual and operational consideration to population objectives and includes them in goal matrices. Another key achievement was the approval of the country's national population policy in 1998 and the formulation of its plan of action, approved in 2001 by the National Population Commission. The plan of action constitutes the first systematic attempt to include interventions in spatial population distribution and population and sexual education in addition to reproductive health. As part of UNFPA's support to the country's decentralization process, a set of socio-demographic information systems was developed in selected municipalities and pertinent training of local government planners has been provided.

12. Key lessons learned from the previous programme include the following: (a) activities developed through municipal leadership and community participation reinforce decentralization and democratize public management, but more systematic training and regular follow-up are needed; (b) advocacy efforts should target not only national authorities but also mid-level officials and local authorities and need to be linked to other strategies such as knowledge sharing to ensure political support and operational leadership; and (c) incorporation of a logical framework and risk assessment programming methodology has strengthened the involvement of counterparts in the monitoring and evaluation processes.

Other external assistance

13. Nicaragua continues to be a priority country for most of the major donors operating in Latin America and the Caribbean. In the last five years, the country has received more than $2 billion in external assistance, nearly as much as its annual gross national product. In the same period, assistance from the United Nations system, both in the form of multilateral and multi-bilateral resources, amounted to $125 million, representing 49 per cent of total non-reimbursable funds.

14. In the population field, however, external assistance has been scarce and has fallen far short of national needs. Nordic countries, Canada, USAID, and the European Union provide most of the bilateral cooperation in the health sector, including some reproductive health components. The World Bank and the Inter-American Development Back (IDB) supplied most of the reimbursable assistance, which was concentrated on health sector reform with a small portion of this devoted to maternal and child care. Non-reimbursable aid came principally from the United States, Japan, Sweden, Norway, Finland and the Netherlands, as well as from such United Nations agencies as UNFPA, the Pan-American Health Organization of WHO (WHO/PAHO) and UNICEF. The latter two agencies support some reproductive health activities, mainly in areas related to HIV/AIDS, adolescent reproductive health, and maternal and child care.

15. UNFPA has played a catalytic role in recent years in the mobilization and integration of additional resources for reproductive health assistance, which has led to an initial agreement with a group of donors to support a national sexual and reproductive health programme funded through a sector-wide approach (SWAp). In the area of population and development strategies, UNFPA is practically the sole international cooperation actor, but due to its limited funds it has produced only a modest impact so far. As in the case of reproductive health, UNFPA is making a special effort to substantially increase funding in this area. To this effect, a dialogue has been initiated with the National Institute for Municipal Development to pull together external assistance for local activities, which has so far been scattered, towards the funding of local development planning that incorporates population factors. In addition, the new influx of resources from debt relief through the framework of the Highly Indebted Poor Countries initiative and the poverty reduction strategy will open new opportunities for the allocation of more resources.

Proposed programme

16. The overall goal of the proposed country programme is noted in paragraph 3 above. The programme would have three subprogrammes – reproductive health, population and development strategies and advocacy – with a cross-cutting human rights and gender equity approach. To maximize the impact of outputs and the sustainability of interventions, the programme would support central government institutions and selected municipalities, prioritizing poor population groups in marginal urban and rural areas. At the central level, support would be given to implementing national policies, strategies and technical norms in the areas of reproductive health (including gender violence) and population and development strategies. The proposed programme would focus on the implementation of three major public policies: the NSRHP, the plan of action of the national population policy, and the national plan for the prevention of family and sexual violence.

17. Given the limited resources available, efforts would be made to conduct field activities for all three subprogrammes in the same geographic locations in order to achieve synergy across interventions supported by UNFPA, the Government, NGOs and other United Nations agencies. Decentralization would be encouraged by increasing assistance to local government authorities and NGOs.

18. Reproductive health. The purpose of the reproductive health subprogramme would be to support the full exercise of sexual and reproductive rights by the Nicaraguan people and to achieve gender equity throughout their lifespan, especially among the poorest population groups. This subprogramme would be carried out in the framework of public policies and would work to facilitate cross-sector alliances and partnerships with different governmental institutions and members of civil society.

19. Both central and local actions would be supported under the subprogramme. Centrally, a national consultation would be carried out with government and other institutions to help formulate, approve and implement relevant national policies and to help guarantee that these plans are put into effect with a rights and gender equity approach. The cross-sectoral linkage of actions would help ensure that the national reproductive health policy has a comprehensive approach to health and education that would encourage healthy behaviours and the provision of high-quality reproductive health services. Support would also be provided, using multi-bilateral funding, for training high-level personnel. At the local level, support would be given to the implementation of the national reproductive health policy in selected municipalities through jointly developed multisectoral actions with local governments.

20. A total of $11 million would be assigned to the reproductive health subprogramme. Some 88 per cent of this would come from multilateral or bilateral funds, with the remaining 12 per cent to be programmed from UNFPA regular resources. The UNFPA office in Nicaragua has already begun consultations with different donors and has obtained commitments from Canada, Norway and the United Kingdom. The Fund would assist the Ministry of Health in developing a progressive sector-wide approach to guarantee consistency between national goals and assistance provided by external donors, including other United Nations agencies.

21. The first output from the reproductive health subprogramme would be a national reproductive health policy that has been developed and validated by national and local governmental institutions and civil society organizations. To achieve this, a national coalition on reproductive health would be promoted as an expression of the national consensus and would include members from the Government, civil society, donors, UNFPA and the other United Nations system agencies. Support would also be continued for graduate training for health and other social service and communications professionals. Technical assistance would be provided to help develop the national development plan for rural women and to implement the national plan to prevent family and sexual violence.

22. The second output would be behavioural change among men and women from priority groups in selected municipalities in ways that increase their ability to adopt preventive attitudes and to seek out quality reproductive health services. In the framework of the national reproductive health policy, informative and educational actions would be carried out using diverse and innovative communication techniques. A comprehensive community promotion and education strategy would be developed to include the prevention of gender violence and transmission of sexually transmitted infections (STIs), including HIV/AIDS. This strategy would be validated in selected municipalities, including those with high indigenous populations, so that it could later be institutionalized nationally.

23. The third output would be increased availability and quality of reproductive health services in the selected municipalities. A study would be made of the population's reproductive

health needs and of the related training needs for health and education professionals. A plan would be designed for training personnel and rehabilitating health services, and the components of a basic package of reproductive health services would be defined. This would include health promotion and education, both in the community and among health service providers. Standards for the quality of reproductive health care and mechanisms for certifying the quality of these services would be developed, placing special emphasis on gender equity and client satisfaction.

24. The fourth output would be behavioural change among adolescents in selected municipalities that would increase their ability to adopt preventive attitudes and to seek out quality reproductive health services. A comprehensive strategy that includes community promotion and reproductive health education, with a gender equity and sexual and reproductive rights approach, would be formulated. This strategy would also include the prevention of gender violence and STIs, including HIV/AIDS. Non-formal and informal education activities would be encouraged and supported by mass communication activities involving the educational community. Support would be provided for regional and municipal curriculum changes and for the introduction of educational programmes on population and sexuality within the formal education system. The programme would help strengthen local adolescent and youth support commissions, and technical assistance would be given to mayors' offices to strengthen and link local adolescent and youth networks, with actions aimed especially at male teenagers.

25. The fifth output would be the increased availability and quality of differentiated reproductive health services for adolescents in selected municipalities. This population's needs would be assessed in coordination with the population and development strategies subprogramme as the basis for developing work plans that effectively involve adolescents. In the framework of the national reproductive health policy, the programme would support the implementation and validation of a comprehensive and differentiated reproductive health-care model for adolescents, with a promotional and preventive approach. This model would be consistent with the technical and administrative norms specified for the primary care component of the comprehensive care programme for adolescents and would be linked with existing local activities to guarantee the involvement of adolescents and young people.

26. The sixth output would be a reduction in the percentage of female deaths during obstetrical emergencies in 10 selected institutions (hospitals and health centres). The programme would institutionally strengthen the Ministry of Health's primary and secondary health-care services by setting up and/or strengthening emergency obstetric care units. As part of this strategy, health-care personnel would be trained in management and technical norms for caring for obstetrical emergencies. Moreover, selected health centres would be equipped, a logistical system for essential inputs would be developed, women's access to health centres would be improved through the provision of transportation, and the information and registration system would be strengthened.

27. The seventh output would be a consolidated contraceptive logistical system within the Ministry of Health. To achieve this, efforts would be devoted to strengthening coordination among donors to guarantee the ongoing provision of contraceptives nationally. The goal would be to reduce the unmet demand for family planning methods among men and women, mainly in rural areas. Although consolidating this logistical system would mean progress in guaranteeing a stable supply of contraceptives, the Government's financial difficulties could require further mobilization of resources by donors to overcome supply gaps.

28. Population and development strategies. The purpose of the population and development strategies subprogramme would be to help improve the effectiveness of national and local public policies relating to population dynamics, distribution and gender and to contribute to national capacity building. The subprogramme would support research on specific subject areas where reproductive health and population and development strategies intersect, such as vulnerability and poverty reduction and building socio-demographic scenarios. Furthermore, this subprogramme would help empower poor rural women from selected municipalities, expanding their reproductive and productive options, and would optimize reproductive health interventions for their benefit.

29. The first output of the subprogramme would be the creation of a proactive population able to conceptualize and analyse the relationship among population dynamics, reproductive health, gender and poverty determinants and to generate dialogue with decision makers on relevant public policies. To achieve this output, efforts would be made to: (a) strengthen national capacities to use socio-demographic information and knowledge sharing; (b) incorporate population issues into university curricula, institutional plans and programmes; (c) promote postgraduate-level training; (d) network supportive institutions; and (e) create enabling environments.

30. The second output would be the generation of analytical studies for assessing the demographic pertinence and viability of public policies in order to improve their effectiveness. To examine such interactive processes, studies would be carried out on such issues as: (a) population dynamics differentiated by poverty levels; (b) changes in the population's composition and location highlighting linkages to social and environmental vulnerability as well as sustainable land use; (c) migration flows and their economic impact on communities, including international remittances; (d) the impact of HIV/AIDS on reproductive health strategies, especially as regards adolescents and young people; and (e) the implications of men's perceptions and behaviour on family sexual and reproductive health.

31. The third output would be stronger key socio-demographic data sources, achieved through the provision of strategic support to the census effort, the DHS and related initiatives. United Nations inter-agency support would be provided within the framework of the UNDAF, with UNFPA as the leading agency. Special efforts would be made to facilitate the interactive

use of data from national surveys and the census and to improve the coverage and quality of information on HIV/AIDS and maternal mortality.

32. The fourth output would be validated key socio-demographic information systems to help guide local planning and management more effectively and to provide support to the development of continuous local information for formulating, monitoring and evaluating programmes and projects. This would include the development of a model for municipal monitoring of population and reproductive health indicators. Local information systems would be complemented by other databases, such as those used for environment and sanitation.

33. The fifth output would be the incorporation of population and development strategy interactions into national and local plans aimed at sustainable development. Under the leadership of local authorities, support would be provided to help generate socio-demographic information about vulnerable populations in selected municipalities in agricultural areas. Actions would be implemented jointly with other United Nations agencies, governmental institutions and NGOs.

34. The sixth output would be the empowerment of poor rural women from selected municipalities, achieved by increasing their reproductive and productive options to optimize the impact of reproductive health actions on their autonomy and living conditions. In the framework of UNDAF objectives, integrated actions of the three subprogrammes would contribute to women's improved access to information and education, reproductive health services, and formal and informal productive activities.

35. The seventh output would be a validated set of socio-demographic indicators used by national institutions to monitor and evaluate key goals from United Nations conferences. The programme would support the integration of population and reproductive health indicators into the national system for monitoring and evaluating the implementation of related policies. These efforts would be coordinated with other regional and national initiatives.

36. Advocacy. The goal of the advocacy subprogramme would be to contribute to the promotion, articulation and social oversight of public policies – in reproductive health and population and development strategies – that facilitate gender equity and the improved reproductive health and rights of women, men and adolescents, as well as an appropriate vision of the interactions between population dynamics and sustainable development.

37. The first output would be the creation of a favourable social and political environment for implementing the NSRHP in the context of health sector reform. Technical assistance to public consultations about the programme, as well as for its validation and approval, would be provided. The NSRHP and the national education plan would be linked in the context of interactive health and education initiatives at national and local levels. The Ministry of Health

would receive support for linking the NSRHP actions and responsibilities with other sectors, particularly with regard to reproductive health promotion, education and care. Citizen participation and oversight mechanisms would be created as well.

38. The second output would be increased social and political support for improving the reproductive health and rights of young people and adolescents in priority municipalities, with an emphasis on gender equity. Support would be provided for formulating and implementing public policies for adolescents that promote their active participation. The programme would help link local reproductive health efforts and plans with different sectors and would promote a strategy to publicly and institutionally define adolescents as agents of development.

39. The third output would be the creation of a social and political environment for gender equity and the exercise of sexual and reproductive rights. A "gender equity perspective" would be promoted and included in public policies and in the norms that regulate them. Political dialogue would be promoted, along with mechanisms for overseeing compliance with and ratification of international agreements, protocols and conferences, and the implementation of national plans and programmes related to gender equity and violence. The institutional and technical capacities of national human rights organizations would also be strengthened.

40. The fourth output would be the creation of a favourable social and political environment for implementing relevant policies in conjunction with other public policies. Support would be given for developing multisectoral actions to implement the NSRHP and other related policies.

41. The fifth output would be increased social and political support for the incorporation of socio-demographic factors and population dynamics into local strategic planning processes in selected municipalities. The programme would help promote the importance of vital statistics, their use as advocacy tools, and the development of local mechanisms for their application. Civil society initiatives would be encouraged and dialogue would be fostered to involve the private sector in public debates about the economic and productive consequences of the interaction among population dynamics, reproductive health, gender inequities and poverty.

42. The sixth output would be increased national and international resources available for initiatives in the areas of population, reproductive health and rights, and gender equity. Specific support would aim at strengthening the capacity of counterparts to mobilize resources; this effort would begin by working to establish a common agenda among the Government, United Nations agencies and different ministries. At the same time, dialogue with donors would be continued and expanded, seeking to pull together additional resources for implementation of the NSRHP and for such other areas as human resources training and development of local population and development strategies.

Programme implementation, coordination, monitoring and evaluation

43. The proposed programme would be implemented under a national execution modality through government ministries, municipalities and NGOs. A programme coordination committee would be established to supervise programme coordination, provide strategic orientation and annually evaluate programme progress.

44. The proposed programme would be executed using a results-based management approach and would require close monitoring and evaluation. The main sources of baseline information would be the DHS and the living standards measurement survey for 2001. A stepwise mechanism for technical assistance – from national resources to international consultants – would be used, and the logical framework would be applied, complemented by periodic risk assessment analysis to measure changes in context. Technical staff and counterparts would monitor and evaluate processes, and subprogramme coordination committees would meet three times a year to conclude monitoring and evaluation processes at the project level. Monitoring and evaluation outputs and lessons learned would be shared with counterparts and other agencies within the framework of the UNDAF. External evaluations would be conducted as necessary.

45. The execution of the proposed programme would require the support of additional staff for the UNFPA country office. National professional project personnel would be needed to guarantee the achievement of planned programme outputs, with two working on reproductive health, one on population and development strategies, one on advocacy, and one on monitoring and evaluation and results-based management. National consultants would be assigned to support several critical programme areas, such as UNDAF coordination, gender, and communication and information technology activities.

Recommendation

46. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Nicaragua as presented above, in the amount of $18 million for the period 2002-2006, of which $5.5 million would be programmed from the Fund's regular resources to the extent such resources are available, with the balance of $12.5 million to be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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